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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	310558.00003
First Named Inventor	Elof Eriksson
COMPLETE IF KNOWN	
Application Number	10/789,620
Filing Date	2/27/2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PROCESSING DERMAL TISSUE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 2/27/2004 as United States Application Number or PCT International

Application Number 10/789,620 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

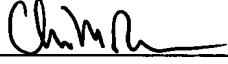
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 26710		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
Address			
City		State	ZIP
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Elof (first and middle [if any])		Family Name Eriksson or Surname	
Inventor's Signature 			Date 6/1/04
Residence: City Wellesley	State MA	Country USA	Citizenship US
Mailing Address 5 Lanark Road			
Mailing Address			
City Wellesley	State MA	ZIP 02481	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Christian (first and middle [if any])		Family Name Baker or Surname	
Inventor's Signature 			Date
Residence: City Quincy WEYMOUTH	State MA	Country USA	Citizenship US
Mailing Address 12 Atrick Road 30 HILLDALE ROAD			
Mailing Address			
City Quincy WEYMOUTH	State MA	ZIP 02169-02190	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 3]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
W. Robert		Allison	
Inventor's Signature	<i>W. Robert Allison</i>		Date <u>6/1/04</u>
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Citizenship USA			
Mailing Address	146 Old Lancaster Road		
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		ZIP	01776
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country